

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

PATENT NUMBER

**U.S. UTILITY PATENT APPLICATION**

**O.I.P.E.**

PATENT DATE

**SCANNED**

## Q.A

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|--------|-------|----------|----------|-------------|
| SECTOR | CLASS | SUBCLASS | ART UNIT | EXAMINER    |
|        | 435   | 09.5     | 1616     | Muniz, Eric |

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**PREPARED AND APPROVED FOR ISSUE**

**ISSUING CLASSIFICATION**

| ORIGINAL                     |          | CROSS REFERENCE(S) |                                   |  |  |  |  |  |
|------------------------------|----------|--------------------|-----------------------------------|--|--|--|--|--|
| CLASS                        | SUBCLASS | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |
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| INTERNATIONAL CLASSIFICATION |          |                    |                                   |  |  |  |  |  |
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|--|--|-------------|------------|--|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>                      |                      |
|  | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                               | Print Claim for O.G. |
| <input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b><br>_____ |                      |
| <input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____ | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b><br>Amount Due Date Paid   |                      |
| <input type="checkbox"/> c) The terminal _____ months of this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) (Date) |             |            | <b>ISSUE BATCH NUMBER</b>                  |                      |

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